

RENTAL LICENSE APPLICATION

APPLICATION:

- INITIAL
- TRANSFER OWNER
- UPDATE INFO
- RENEWAL

Howard County, Maryland  
Department of Inspections, Licenses, and Permits  
3430 Court House Drive  
Ellicott City, Maryland 21043  
Licenses: 410-313-2455 - Inspections: 410-313-1830



RENTAL PROPERTY INFORMATION:  
\* REQUIRED

PROPERTY OWNER'S INFORMATION:  
\* REQUIRED If Owner is out-of state, must have a Local Agent

Property/Complex Name:			Owner's Name:		
Property Address:			Owner's Address:		
City:	State	Zip:	City:	State:	Zip:
Subdivision:		Unit #:	Phone:		
Type of Rental Unit: <input type="checkbox"/> Accessory Apt <input type="checkbox"/> Hotel/Motel			Cell:		
<input type="checkbox"/> Apartment(s) <input type="checkbox"/> Condo <input type="checkbox"/> Rooming Units <input type="checkbox"/> Townhouse			Fax:		
<input type="checkbox"/> Single Family <input type="checkbox"/> Assist. Living <input type="checkbox"/> Other _____			Email:		

<input type="checkbox"/> MANAGING AGENT/ <input type="checkbox"/> RESIDENT AGENT/ <input type="checkbox"/> LOCAL AGENT: Please check one			
Company Name:		Phone:	Cell:
Agent/ Manager's Name:		Title:	
Address:		Fax:	
City:	State:	Zip:	Email:

BILLING/ MAILING CONTACT INFORMATION: * REQUIRED			
Company Name:		Phone:	Cell:
Name:		Title:	
Address:		Fax:	
City:	State:	Zip:	Email:

PLEASE CHECK/ RESPOND TO ALL THAT APPLY:			
Public Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Units: _____	# of Rooming Units: _____
# of Client Sleeping Rooms ( Assisted Living): _____		To be licensed for _____ (#) Clients	
<i>Sleeping Areas in basement or other area must meet egress requirements (No more than 44 in. above floor; window min. clear opening 5.7 sq. ft.: min 20 in. wide, min 24 in. high.</i>			
# of Stories (above ground): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> _____		Type of Structure: _____	
Year Built: _____ If the property was built before 1950, has it been registered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*Properties built before 1950 must provide lead certification from the Maryland Department of the Environment (MDE). After 02/24/2006, ALL affected properties in which a person at risk ( i.e. Under the age of 6, or a pregnant woman), and of whom the owner has been notified in writing, must satisfy the risk reduction standard as specified in § 6-815(a) of the Environment Article.</i>			
Did the current tenant move in on or after 02/24/96? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the MDE Lead Inspection Certificate # is: _____			
MDE Tracking #: _____ * Registration must be kept current			

Type of Smoke Detectors: <input type="checkbox"/> Battery Powered <input type="checkbox"/> Hard Wired <input type="checkbox"/> Unknown	# of Smoke Detectors: _____
<i>Smoke detectors are required on each floor level and inside each bedroom of all residential occupancies.</i>	
Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Sprinkler System: <input type="checkbox"/> NFPA13 <input type="checkbox"/> NFPA13D <input type="checkbox"/> NFPA13R <input type="checkbox"/> Unknown
Utilities: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP/Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Hot Water Heater: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown	Sewage Disposal: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Unknown
Additional Information:	

AGREEMENT/DISCLAIMER:	
A rental license application must be on file with the Department of Inspections, Licenses, and Permits, all necessary fees paid, and an inspection conducted and approved before the issuance of the Rental Housing License. Applications expire 6 months after application date if inspection is not conducted and approved. Owner's contact information must be kept current to maintain license.	
I, _____ (please print) have carefully examined and read this application and know the same is true and correct, and that in renting this dwelling unit all provisions of Howard County Ordinances and State Laws will be complied with whether herein or not.	
Signature: _____ Title _____ Date: ____/____/____	
Fee: \$ _____ Please make check payable to Director of Finance, Howard County. Billable every two years for license renewal.	
THIS OFFICE MUST BE NOTIFIED OF ANY CHANGES, e.g.: OWNER'S ADDRESS, AGENT BEING ADDED OR DELETED, PROPERTY BECOMING OWNER OCCUPIED, SOLD, OWNERSHIP TRANSFERS OR VACANT, ETC.	

FOR DIVISION USE ONLY:	
Date Received: ____/____/____	Date of Inspection: ____/____/____
Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice #:
License #:	Inspector's Name: _____
Date Issued: ____/____/____	Inspector's Signature: _____
Date Expires: ____/____/____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED